



COMING SOON

Patient & Family Resource Center At MRH

Memorial
Healthcare System

Volume 3, Issue 2
December 2007

By Jennifer Davis, MRH
Patient/Family Advisory
Council

“The Patient and Family Resource Center at Memorial Regional Hospital is entrusted with, and dedicated to, providing a central resource for patients and families, thereby enabling them to retrieve practical and beneficial health-related information, as well as hospitality services, community information and support.”

Once upon a time a group of dedicated, determined, and caring people, members of the MRH Patient Family Advisory Council, had a dream that someday patients and families at MRH would have a centralized, easily accessible Patient and Family Resource Center.

Based on our personal experiences as patients and

family members, we envisioned a “one-stop” center where families and patients could have access to the equipment to complete important personal business; where out of town family members could get directions, locate lodging, restaurants, laundry and other needed community services; where overwhelmed family caregivers could get guidance in locating hospital resources (chaplain, special needs, social services, patient relations, billing) and locating/retrieving health

information and support group information.

We reviewed similar Resource Centers; talked to patients and family members about their needs, and to MRH staff members in a variety of areas about their ideas. We developed the mission statement that appears at the beginning of this article.

We are pleased and proud that Mr. Piriz and the MRH administrative team supported our proposal. We are now planning for the Center, with our grand opening targeted for June 2008. *(Continued on page 3)*



Ziggy Stampfl & Jennifer Davis of the Patient-Family Advisory Council review plans for the PFRC.



Four Key Principles:

- *Dignity & Respect*
- *Information Sharing*
- *Participation*
- *Collaboration*

Inside this issue:

PFCC Comes to MRHS 2

Marc Rothstein; Patients Are Primary 2

A Time for Reflecting; “Thank you “Dr. B” 3

Resource On Wheels at MHW; Family Care-giver Support 4

As A Nurse; MHP Advisory Council; PICU Families on Rounds 5

PFCC International Conference; “Ask The Doctor Pads” 6

Patient and Family Centered Care Comes to MRHS

~ by Jean Davis, ARNP, Employee Health, MRHS

The Patient and Family Centered Care initiative is coming to MRHS. Always family-friendly, staff members are excited to begin establishing PFCC at MRHS.

Many improvements and renovations have occurred at MRHS. These changes have contributed to the atmosphere of top-notch caring. PFCC is anticipated to further enhance our caring environment improving patient and family satisfaction and patient safety.

Patients and family members are being recruited to establish the MRHS PFCC Advisory Council. A family resource room is being planned with a volunteer nurse being recruited to assist families in the resource room.

Our inaugural event will be a reception for patients and family members who have expressed interest in joining the effort to improve patient and family experiences. Information will be provided about PFCC and the commitment an Advisory Council member makes.

Interested staff members have been identified by the MRHS leadership team and are being invited to make special contributions to the PFCC effort. Presentations on PFCC have been offered to all patient care and non-patient care staff through MRHS Organizational Development. Thanks to MRH staff nurse Vanessa Quiles—an active proponent of PFCC — for leading the sessions. Vanessa shared stories of patients and their families as well as her professional and personal experiences.

Other members of our sister hospital

MRH have been very helpful in establishing PFCC at MRHS. Susan Montgomery, Director of PFCC at MRH, met with the PFCC leadership team at MRHS and provided important information on establishing the Advisory Council and assistance in starting PFCC here. Dr. Nick Masi, Director of FCC at JDCH, has also offered invaluable guidance on initiating the PFCC program at MRHS, sharing the wisdom he gained from establishing PFCC at JDCH.

Watch for news of future developments in PFCC at MRHS in upcoming issues of PFCC Times.

Marc Rothstein: Advisory Council Pioneer

Four years ago, Marc Rothstein was elected as the first chairperson of the then newly-formed JDCH Family Advisory Council. “We had no idea what we were getting into, but wanted to give back to Joe DiMaggio Children’s Hospital where our children are treated. The idea of having a family voice in hospital committees and decisions appealed to me.” said Marc, the father of twin girls who spent the first three months of their life in Joe DiMaggio Children’s Hospital Neonatal Intensive Care Unit.

Marc’s journey with family-centered care began when he teamed up with Rob Hoopes, a neonatal nurse, to start a Dad’s support group in the NICU. From there it seemed natural for Marc to continue his involvement when the opportunity arose to join with Dr. Nick Masi, Director of Family-Centered Care, at the start up of the JDCH Family Advisory Council.

Fortunately for us, although Marc has stepped aside as chair-

person of the JDCH Family Advisory Council, he’s not going away. He is a member of the JDCH Emergency Department Satisfaction committee, attends architects meeting for both the NICU expansion and the new children’s hospital, and serves as faculty for New Employee Orientation, the Intro to Family-Centered Care classes, and as a panel member for conference programs. He is chairs the FAC sub-committee for Public Relations & Hospital Relations and is working with the PICU to produce an “Introduction to the PICU” video for families. Our thanks to Marc for being committed to the ideals of patient- and family-centered care!



Marc Rothstein receives a plaque in honor of his service to the Family Advisory Council from Nick Masi, PhD, Director of Family-Centered Care at JDCH.

Patients Are Primary!

~ by Rebecca Adler, Office Manager, Primary Care Center

The MRH Primary Care Center has partnered with a group of very creative patients and family members to improve the way we deliver care and serve our community. The Patient and Family Advisory Council has been going strong for the past year and a half and has been involved in many improvements not only at Primary Care but across the Memorial Healthcare System.

One of the Council’s first projects was the redesign of the Primary Care Center Pharmacy at Pembroke Road, with the goal of simplifying the process and making it more patient-friendly. The council provided valuable feedback on many of the pharmacy processes, as well as the physical layout. Council members recommended combining processes that traditionally required stops in two different locations at Pembroke Road into a single site within the renovated pharmacy, thus significantly reducing confusion and wait times. They also recommended replacing the glass service windows with an open-counter design, to remove a barrier and enable the patients to have eye-to-eye with the pharmacy technicians.

The pharmacy renovation was completed in November of this year. The Council played an important role in

(continued on page 3)

MRH RESOURCE CENTER

(continued from page 1)

The Patient Family Resource Center will be centrally located on the Fifth Floor North next to the main elevators. It will have a small private sitting area, computers, pamphlets from different disciplines, and hospitality and community service information.

At first, the Center will be staffed by



some of the most amazing people on earth, "Volunteers". They will receive special training for this very important role. If you or someone you know would be interested in exploring this opportunity to "give back" to our patients and families, please contact Susan Montgomery at 954-967-2997 or smontgomery@mhs.net.

PFCC: A TIME FOR REFLECTING

~ by Ann Poore,

MRH Patient/Family Advisor

Each November brings thoughts of endings and beginnings. I find myself reflecting on the happenings of this past. What will our new goals be for 2008?

There is no time to get bored once you align yourself with PFCC at Memorial Regional Hospital. In addition to numerous Council meetings, system-wide meetings, steering committee meetings, employee orientation and more, our Advisors are making an impact in many subtle ways.

We review drafts of patient information pamphlets and brochures to be sure that the materials are written in ways we can understand. We contribute to project teams, policy and procedure revisions, and forms. Recently, several members of Advisory Councils from all over the Memorial Healthcare System participated in a

focus group about how to make the MHS website more useful for consumers.

It is a great privilege to work with the Advisory Council. We know we can make a positive difference, in collaboration with the staff of Memorial Healthcare System.

What a way to spend retirement, after 57 years in Nursing!

Patients Are Primary

(continued from page 2)

every step of development, from the selection of colors, fabrics and patterns, to the re-engineering of processes. Not only does the pharmacy look significantly more attractive, the patient's experience is now dramatically more pleasant and "patient-friendly."

Advisory Council members also volunteered to be interviewed for the recent Foster McGaw Prize video. MHS was the proud winner of the 2007 Foster McGaw Prize, awarded to the healthcare system which provides the most outstanding service to its community.

Thank You, "Dr. B"



Dr. Bill Bruno

Physician Liaison for Family-Centered Care

Around the children's hospital "Dr. B", is the affectionate name for Dr. William Bruno. Dr. B has stepped aside as the Physician Liaison for Family-Centered Care at Joe DiMaggio. He has moved on after serving for over two years, making great strides in getting the physicians "on-board" the Family-Centered Care journey. Dr. Bruno broke new ground; this was probably the first position in the county where it was a physician's job to promote and educate other physicians about FCC. Dr. B. paved the road to make this journey smoother. After surveying the

physicians for comfort levels in involving the families in decisions about care to participations in procedures, he developed a lecture presenting his own journey towards FCC and presented it at numerous physician meetings. Dr. B regularly worked with the Neonatologists and the Pediatric Intensivists and Hospitalists.

We miss you, Dr. B, and your passion for patient- and family centered care!



Other process improvement projects for which the Council has provided assistance include improving the billing processes and redesigning the Memorial Healthcare System internet web site. The next item on their agenda is to make Primary Care telecommunications system more user friendly for patients and other callers.

PFCC RESOURCE CENTER ON WHEELS—5 CENTRAL AT MHW

~ by Roseann Fibbio, RN

Patient and family education is an essential component of Patient and Family Centered Care. With this in mind, we created the educational resource cart. We decorated a simple, mobile cart and arranged an alphabetical file system, which is updated with the current literature as appropriate. The cart can be customized to fit any unit and information is available in English, Spanish, and Creole.

Materials and brochures are purchased based on the needs of the patient population and input

from the family and nursing staff.

The portability and simple access of Resource on Wheels makes information sharing and distribution of materials easier for the nurses due to portability and simple access. The patient and family members can browse through materials in the comfort of their own room. Additionally, nursing students are interested with the resource cart and often use materials for their assigned patients.

At right, Roseann Fibbio, clinical manager, on 5 Central at MHW, shows off the Resource Center on Wheels.



FAMILY CAREGIVER SUPPORT

~ by Natalie B. Sands, Family Advisor, Memorial Cancer Institute

(This article appeared recently in MCI Advisory Council newsletter for patients and families.)

Of course everyone's situation is unique, and as such not all of the following will apply to everyone, but here's my take on the Role of the Caregiver (at least during the time your "charge" feels relatively good).

1. Be positive and optimistic.
2. Laugh and cry together. It's also ok to lock yourself in the bathroom and cry alone.
3. Avoid reading everything and anything you find on the Web. Be selective in your research; stick to sites that are truly authoritative and up to date, such as National Cancer Institute, American Cancer Society, Leukemia & Lymphoma Society.
4. Only join chat rooms recommended by others with the same diagnosis, or by your team of medical professionals.
5. Consider a one-on-one meeting with your "charge's" oncologist, without your "charge" being there. That way you're free

to ask questions without getting interrupted or offending anyone.

6. Set up a CarePage or similar web page, and update it as often as possible. This will allow you to communicate with everyone who wants to know what's going on, without you having to constantly repeat yourself. You and your "charge" should be the administrators of the page.
7. Go with your person to important doctor visits. This can be done via (cell) phone, as you won't always know when the visit is going to be an important one.
8. Listen to your "charge". If s/he doesn't want company, then leave him alone (this includes hospital visits, chemo treatment, etc.).
9. Allow your "charge" to continue living a normal life. Avoid treating him or her differently than you did prior to diagnosis.

10. Understand your "charge's" insurance coverage (OK, or at least attempt to & ask questions).
11. Be proactive.
12. Keep good notes and records, including copies of all tests
13. Ask for help, even with chores and errands that seem mundane. Remember, one less trip to the dry

cleaners will probably save you a half hour.

14. Talk about it. You never know "who's been there and done that."

15. Search for financial assistance. There are tons of resources out there.

16. Join a support group, with or without your "charge". You'll not only be helping yourself, but you'll also help others in the group.

17. Get involved.

18. Take care of yourself. Treat yourself to a massage, boys night out, manicure, shopping day, etc. And by all means, don't cancel your own doctor appointments—make all necessary doctor-dental-eye appointments that you otherwise would never consider not making.



The PFCC Toolkit is available on CD-Rom & Intranet

Full of helpful and useful information, activities and resources to help you continue on your Journey towards Patient- and Family-Centered Care.

AS A NURSE, I EMBRACE THE PATIENT & FAMILY-CENTERED CARE APPROACH

~ by Dawn Dexter, RN III, Memorial Hospital West

When I learned Memorial Health Care System was starting a journey towards Patient and Family -Centered Care (PFCC), I was excited and wanted to find more information .

The PFCC philosophy recognizes three basic needs for patients and their families—the need for information; the need for reassurance and support; and the need to be near one another throughout the health care experience.

Recently my husband's 100 year old grandfather was sick in a non-Memorial hospital. I spent many days and nights at his bedside. I have been a nurse for twenty-five years. Sitting at Grandpa's bedside gave me a very different perspective.

As a patient's family member, I wanted to be informed and I wanted to be treated with respect. I expected staff to care for my loved one. I worried at night whether Grandpa was being treated right. I found myself afraid to report less-than-compassionate care, fearful that he'd be treated badly if no family member could be at his bedside.

Visiting hours at this hospital were restricted; the front doors were locked at 8 pm. This made family feel

unwelcome and patients were alone at night.

Information is critical to patients and family members. You desperately need to know when the doctors are coming to see you, what the tests or goals are for the day, how often you can have pain medication, what the medications are for.

Being a nurse and having a loved one in the hospital makes you see things differently. It made me think about my patients. Do I treat my patients as people or as a medical condition? Patients are people with families and lives outside of the hospital. While we are taking care of the patient we are also taking care of the family.

We all can make a patient's and family's experience better just by using the four principles in Patient and Family- Centered Care. The principles are dignity and respect, information sharing, participation and collaboration.

I wish these principles were used for Grandpa and my family. The experience we had would have been a more positive one. As a nurse at Memorial Hospital West I welcome the change that Patient and Family-Centered Care brings. Nurses are in the "caring" profession and anything that empowers the patient and family we as professionals should embrace.

I have been a nurse for twenty-five years. Sitting at Grandpa's bedside gave me a very different perspective.

PICU Families on Rounds

~ by Jason Adler, MD, JDCH

On November 8th, 2007 I had the privilege of speaking at the MHS Leadership Development session at the Signature Grand. I shared our experience with Patient- and Family-Centered Care Rounds in the Pediatric Intensive Care Unit at Joe DiMaggio Children's Hospital as an example of clinical best practice. Credit goes to the pediatric intensive care physicians, including Allan Greissman, Gerald Lavandosky, Teresa Duncan, Allen Burkowsky, Robin Chaize, and myself, as well as to the physician assistants Allison Davis and Juliet Velez, for embracing the process and including families as a part of daily rounds.

The PICU nursing leadership, bedside nurses, respiratory therapists, pharmacists, nutritionists, and social workers have been instrumental in the development of daily rounds with family presence. Our nursing leadership collaborated with the Family Advisory Council and produced a helpful guide for families regarding their child's stay in the PICU and how they can be participants in daily work rounds.

We decided to include families on our already multi-disciplinary rounds in order to enhance patient safety and communication with the families. Rounding on a daily basis with the families creates an atmosphere that fosters teamwork. Our principal goal remains the wellbeing of the patient, and we recognize that families play a crucial role in working towards that goal. We invite anyone that wishes to do so to come to the PICU and observe rounds with the families.

Memorial Hospital Pembroke Inaugurates Advisory Council



Memorial Hospital Pembroke Advisors met with Beverly Johnson, President and CEO of the Institute for Family-Centered Care (right) and have begun to identify priorities for the Council. They are currently holding "virtual meetings," interacting via email, providing feedback on brochures, patient-directed literature, and policies and procedures. MHP Advisors have also contributed to system-wide PFCC initiatives including input into the redesign of the MHS website, a focus group for Clinical Informatics, and PFCC Standards of Behavior.

"Nothing About Me Without Me"



Memorial Healthcare System
3501 Johnson Street
Hollywood, FL 33021



The Patient- and Family-Centered Care philosophy recognizes three basic needs for patients and their families: the need for information; the need for reassurance and support; and the need to be near one another throughout the healthcare experience.

We believe that Patient- and Family-Centered Care behaviors and programs promote more effective partnerships among patients, families, and professionals. This leads to increased understanding and cooperation, improved patient safety, better health outcomes, more accessible healthcare services, and increased customer and staff satisfaction.

We believe that the patient and family are essential for all decision-making, both in terms of individualized patient care, and also in the design, development, and implementation of hospital and community services.

Memorial PFCC Featured at International Conference

Memorial Healthcare System staff and patient/family advisors were chosen to present emerging best practices at the Third International Conference on Patient and Family-Centered Care, held in Seattle, Washington. The Institute for Family-Centered Care conference drew over 1000 participants from the United States, Canada, Europe, and Japan.

The **Memorial Cancer Institute** was represented by Katharine Campbell, MSW, LCSW, OSW-C, clinical oncology social worker, and Natalie Sands, MCI Family Advisor, presenting *"Seamless Care: Collaborating with Patients and Family Members to Enhance Services within a multi-site adult cancer care setting."*

The **Memorial Healthcare System, Memorial Regional and Joe DiMaggio Children's Hospitals** were featured in *"The Pursuit of the Tipping Point: A Comprehensive Patient- and Family-Centered Care Curriculum for Health Care Professionals."* Nick Masi, PhD., Director of Family-Centered Care at Joe DiMaggio, Susan Montgomery, M.A., Director of PFCC at Memorial Regional, and Elise Bloch, PhD., a JDCH family advisor and clinical assistant professor of Occupation Therapy at Florida International University, described the process of PFCC cultural change at MHS that began with Joe DiMaggio Children's Hospital and has now spread across the entire Memorial Healthcare System, in part through a comprehensive set of staff learning experiences and educational tools.

JDCH Family Advisory Council has a gift for families

The Family Advisors of Joe DiMaggio Children's Hospital are giving "Ask the Doctor" pads to patients and their families who will be here for an extended stay. As parents of a child who spent time in the hospital they recall forgetting to ask the doctor important questions and wishing they had one convenient place to keep a their list. "I would have loved these when my son was in the hospital for 7 weeks," says Melissa, mother of 11-year-old PICU patient. The Family Advisory Council are also using these pads as a way to advertise the council and recruit new members who want to volunteer and give back to Joe DiMaggio.



For more information about Patient/Family Advisory Councils or Council meetings, or to submit an article for this newsletter, please contact:

**Joe DiMaggio Children's Hospital
Family Advisory Council
Youth Advisory Council**
Nick Masi
AMasi@mhs.net

**Memorial Regional Hospital
Patient/Family Advisory Council**
Susan Montgomery
SMontgomery@mhs.net

**Memorial Regional Hospital South
Advisory Council**
Jean Davis, ARNP
JDavis@mhs.net

**Memorial Primary Care Center
Advisory Council**
Rebecca Adler
RADler@mhs.net

**Memorial Cancer Institute
Patient & Family Advisory Council**
Katharine Campbell
KCcampbell@mhs.net

**Memorial Hospital Pembroke
Advisory Council**
Audrey Suiter
ASuiter@mhs.net

**Memorial Hospital West
Family Advisory Council**
Karmel McCarthy
KMccarthy@mhs.net

**Memorial Hospital Miramar
Advisory Council**
Betty DelValle
BDelvalle@mhs.net

**Memorial Healthcare System
Special Needs Advisory Group**
Tonya Fox Shaw, TShaw@mhs.net or
Karmel McCarthy, KMccarthy@mhs.net